Initial A	
☐ Amend	ed Application
Date:	



COMMITTEE ID NUMBER (office use only)

PA(2022 - 0

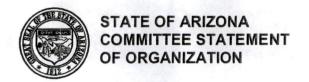
CONMITTEE TYPE (choose one):

Town of Cave Creek Candidate Committee Name (required): (first or last name & office) Candidate Information: Candidate's Name (required): Candidate's mailing address (required): Candidate's email address (required): Candidate's phone number (required): Candidate's website (if any): District (if applicable): County Office: Office Sought (choose one): City/Town Office: ☐District (if applicable): ■ District (if applicable): ■ School Board Office: ☐District (if applicable): ☐ Special District Board:

Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
☐ Political Action Comr	nittee (PAC)
Committee Name (required): (if sponsored, must include sponsor's name)	
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
(select any that apply)	□ Ballot Measure Expenditures □ Recall Expenditures
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable)	☐ Standing Committee (must also complete separate standing committee registration)
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

■ Political Party	
Committee Name (required): (must include party affiliation)	,
Jurisdiction:	 □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823) □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Special Status (if applicable)	☐ Standing Committee (must also complete separate standing committee registration)

			Initial Application Amended Application
-	[Da	te:



COMMITTEE ID NUMBER (office use only)
PAC2002-04

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): PD BOX 6000 CAREFREE A2 853TH
	Committee's email address (required): 1000 00000 TON PUSHERTO OF THE CO
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required):
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): 101 HBHERTON
	Treasurer's physical address (required): 4030 N 54H 8. (9) CREAL (533)
	Treasurer's mailing address (if different): P.V.BOX OODS CHRONE AZ 85377
	Treasurer's email address (required): TM AUSHERTON @ GMAL. (M
	Treasurer's phone number (required):
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required): Webs FARSO
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
ATION AND SIGNATURES:	
chairperson or treasurer of the committee and authorize it to campaign finance and reporting	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
Chairperson's signature:	Date: 329/2000
Treasurer's signature:	Date: 329 2012
Candidate's signature (if appli	icable): Amulianta Date: 320 202

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Date:	-



COMMITTEE ID NUMBER
PAC2022-04

COMMITTEE INFORMATION:

Committee name:	N TOM AVBHERIA	V to count		
Mailing address:				
Email address:				
Phone number:			-	
Website:				
Chairperson name:				
Treasurer:				
TION AND SIGNATURES:				-
I declare under penalty of perjury th receive any contributions or make a outstanding debts or obligations tha and obligations and have agreed to committee has no cash on hand; an	ny disbursements; (2) the committe t are all more than five years old, ar the termination of the committee; (3	e either (a) has no outstand d the committee's creditors) any surplus monies have	ing debts or obligations, have agreed to discharg been disposed of and the	or (b) has le the debts at the
I declare under penalty of perjury th receive any contributions or make a outstanding debts or obligations tha and obligations and have agreed to	ny disbursements; (2) the committe t are all more than five years old, ar the termination of the committee; (3 d (4) all contributions and expenditu	e either (a) has no outstand d the committee's creditors) any surplus monies have res have been reported, in	ing debts or obligations, have agreed to discharg been disposed of and the	or (b) has le the debts at the
I declare under penalty of perjury th receive any contributions or make a outstanding debts or obligations tha and obligations and have agreed to committee has no cash on hand; an	ny disbursements; (2) the committe t are all more than five years old, ar the termination of the committee; (3 d (4) all contributions and expenditu	e either (a) has no outstand d the committee's creditors) any surplus monies have res have been reported, in	ing debts or obligations, have agreed to discharg been disposed of and the	or (b) has le the debts at the